| POSIT" N                  | MITIALS | :D NO.   | DATE     |
|---------------------------|---------|----------|----------|
| FEE DETERMINATION         | HL      |          | 4-10-01  |
| O.I.P.E. CLASSIFIER       | 4       | 32       | 5/3      |
| FORMALITY REVIEW          | 100     | <u> </u> | 06-01-0  |
| RESPONSE FORMALITY REVIEW | The     | 917      | 09/14/01 |

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| Nor  | 1-electea |
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| Inte | rference  |
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|                | <u>*</u>  | Restricted        | 0  | Objected   |  |
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| Claim          | Date  | Claim             | Date   | Claim Date |  |
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| 2              | <del>{                                     </del>   | 52                |  | 102        |  |
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| 7              | ╂┼┼┼┼┼  | 58                | <del>-  -  -  -  -  - </del>                       | 108        |  |
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| 16             | <del>-                                      </del>  | 66                |  | 116        | ++   |
| 17             |   | 67                |  | 117        | +  |
| 18             |   | 68                |  | 118        | +  |
| 19             | _   | 69                | <del>- - - - - </del> - -                          | 120        |  |
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| 22             | ┞┼┼┼┼┼  | 73                |  | 123        |  |
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| 26             |   | 76                |  | 126        | ++   |
| 27             | <del></del>   | 77                |  | 128        | ++-  |
| 28             | <del>╎╶┩╌╏╌╏╌╏╶╏</del> ╶┤                           | 79                | ┡┼┼┼┼┼┼┼   | 129        |  |
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| 32             |   | 82                |  | 132        | ++   |
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| 34             | <del>╎╎┤┤┤</del> ┼┼┼┼┼┼                             | 84                | <del></del>  | 135        | ++   |
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If more than 150 claims or 10 actions staple additional sheet here